

**2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P15000053762

**Entity Name:** FLORIDA FAMILY CLINIC SERVICES INCORPORATED

**Current Principal Place of Business:**

1800 SW 27 AVE # 214  
214  
MIAMI, FL 33145

**Current Mailing Address:**

1800 SW 27 AVE # 214  
214  
MIAMI, FL 33145 UN

**FEI Number:** 47-4991713

**Certificate of Status Desired:** Yes

**Name and Address of Current Registered Agent:**

JORGE-CHAR, ALBERTO DR.  
1800 SW 27 AVE  
SUITE 214  
MIAMI, FL 33145 US

*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.*

**SIGNATURE:** ALBERTO JORGE-CHAR

03/08/2016

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            JORGE-CHAR, ALBERTO DR.  
Address        1800 SW 27 AVE  
                  214  
City-State-Zip: MIAMI FL 33145

Title            VP  
Name            GUTIERREZ, RICARDO F. DR.  
Address        1800 SW 27 AVE  
                  214  
City-State-Zip: MIAMI FL 33145

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** ALBERTO JORGE-CHAR

PRESIDENT

03/08/2016

Electronic Signature of Signing Officer/Director Detail

Date